



General Information

(Circle Child's Pronouns)

(Please fill out a registration form for each child)

She/Her

He/Him

They/Them

Child's Full Name _____ DOB _____

(Child's Preferred Name _____) Grade Completed & School Attended: _____

Address: _____ Apt # _____

City _____ State _____ Zip Code: _____

Preferred Contact and Phone Number (i.e. Mom xxx-xxxx) _____

Demographic Information (for grant reporting purposes – all information is kept confidential – please circle your responses)

Child's Nationality/County of Origin: _____ **Number of People in your household:** _____

| | | | |
|------------------------|---|---------------------------------|--------------------|
| Race/Ethnicity: | White/Caucasian | Annual Household Income: | <\$25,000 |
| | Black/African American | | \$25,000-\$35,000 |
| | Hispanic/Latinx | | \$35,000-\$50,000 |
| | Asian/Pacific Islander | | \$50,000-\$100,000 |
| | Native/Indigenous | | >\$100,000 |
| | Multi-Racial | | |
| Other: _____ | Parent/Guardian Military Service | Yes | No |

Family Information

Parent/Guardian Name _____ Phone Number _____

Home Address (if different than child's) _____ Email Address _____

Work Place and Phone: _____

Parent/Guardian Name _____ Phone Number _____

Home Address (if different than child's) _____ Email Address _____

Work Place and Phone: _____

If above student is ill or an emergency situation occurs and the student must be taken home.

I give the following individuals permission as authorized pick up persons and emergency contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Weekly registration fees and all paperwork must be submitted with this form for the registration to be complete.

Please circle your child's size to receive a Belmont Community Center Summer Program T-Shirt with early registration.

Small (4-5) Medium (6-8) Large (10-12) Extra Large (14-16) Adult Small Adult Medium

We often take photos or videos of children participating in activities to share with parents and to post on social media.

_____ Yes, I grant permission to take photos of my child. _____ No, do not take photos of my child.

Authorized Medications for my child include:

(Please initial for permission.)

_____ Sunscreen

_____ Bug Spray

If Other, please list: _____

As long as the weather permits, we will be walking to the Belmont Public Swimming Pool twice a week to swim.

_____ Yes, I grant permission for my child to participate. _____ No, my child is not allowed to participate.

****SWIMMING ABILITY****

Please restrict my child to --

_____ The baby pool.

_____ The shallow end only -- no water above their head.

_____ My child may use the entire facility including the deep end, diving board, and slide with only general supervision. My child is competent in the water and can swim in water above their head.

_____ I will allow my child to progress to deeper water as their swimming ability improves, based on observations from Belmont Pool Staff or if I notify the BCC they may move to the next level.

Please remember to send your child's swimsuit, towel, and sunscreen labeled with your child's name on swim days.

We may participate in activities that will require us to use various means of transportation in order to participate.

_____ Yes, I grant permission for my child to be transported. _____ No, my child is not allowed to participate.

Please list custody or guardian information (proper documentation will be required):

Please list any medications, allergies, intolerances, or dietary restrictions (medication authorization available upon request):

Please list any medical/health concerns or activities you student cannot engage in:

In the event I cannot be reached to make arrangements, I hereby give my consent to the Belmont Community Center to contact

Doctor _____ at _____ (phone number).

Belmont Community Center Contract

(Child's name) _____ has permission to participate in the Belmont Community Center Summer Program. I understand that reasonable precautions will be taken to protect the health and safety of my child while under the supervision of the BCC Staff and that I will be notified as soon as possible in case of an emergency. I understand the children may be leaving the premises with the BCC Staff. I also understand that the BCC and/or anyone connected will not be responsible for any illness or injury sustained by my child while attending the center. I understand and agree that any phone numbers and emails provided by myself may be used to contact me. I also agree that the BCC may text or email any of the contact information I have provided. If my phone number or email is to change, I will give the BCC the proper contact information and agree that the above consent would stay effective. I agree to the terms of this registration and contract.

I certify the above information is correct to the best of my knowledge.

Signature _____ **Date** _____

Thank you for registering for our Summer Program!



Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/publichealth/pages/crlChildCareLicensingIndex.aspx>

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986



Sign, date and return to your Child Care provider before your child(ren) begin care. Your Child Care Provider must retain this receipt for onsite review. (Only one form needed per family.)

Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center School–
- Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.

**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**



BCC Summer Program Registration Summer 2022

Child's Name: _____ Entering Grade: _____
Child's Name: _____ Entering Grade: _____
Child's Name: _____ Entering Grade: _____

Please indicate each week your child WILL BE attending

****BCC will be closed May 26 – June 3****

****BCC will be closed August 12 & 13****

- ___ Week #1: June 6-June 10 (**\$145**)
- ___ Week #2: June 13-June 17 (**\$145**)
- ___ Week #3: June 20-June 24 (**\$145**)
- ___ Week #4: June 27-July 1 (**\$145**)
- ___ Week #5: July 6-July 8 (half week - **\$116**)
- ___ Week #6: July 11-July 15 (**\$145**)
- ___ Week #7: July 18-July 22 (**\$145**)
- ___ Week #8: July 25-July 29 (**\$145**)
- ___ Week #9: August 1-August 5 (**\$145**)
- ___ Week #10: August 8-August 10 (half week - **\$116**)

This registration fee HOLDS your spot for the week(s) above.
The amounts (**bolded**) are still due by the dates below.

Total Weeks Selected _____ x \$10/week = \$ _____ due upon registration

Summer Payment Due Dates

Payments for WEEKS #1-4 due by Friday, May 13

Payments for WEEKS #5-8 due by Friday, June 17

Payments for WEEKS #9-10 due by Friday, July 15

In the event of a cancellation the BCC will retain your \$10 registration fee.
The BCC will return/not collect the (**bolded**) amount listed above if entire week is cancelled.

Parent/Guardian Signature _____

Parent/Guardian Phone _____

Date: _____

BCC Office Use Only

Fees Due: _____ Fees Paid: _____ Receipt # _____ Date: _____